

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	TRANSGENIC MODEL FOR ALZHEIMER'S DISEASE
Attorney Docket Number::	1510-1121
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LARS  
Middle Name::  
Family Name::  
Name Suffix:: NILSSON  
City of Residence:: UPPSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing SALAGATAN 7 A  
Address::  
City of Mailing Address:: UPPSALA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-753 30

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LARS  
Middle Name::  
Family Name:: LANNFELT  
Name Suffix::  
City of Residence:: STOCKHOLM  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing VINTERTULLSTORGET 28  
Address::  
City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-116 43

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: PÄR

Middle Name::

Family Name:: GELLERFORS

Name Suffix::

City of Residence:: LIDINGÖ

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing LAGMANSVÄGEN 13

Address::

City of Mailing Address:: LIDINGÖ

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-181 63

#### **Correspondence Information**

Correspondence Customer 00466

Number::

#### **Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2005/000383	3/17/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0400707-6	3/22/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::